



**Cabinet for Health and Family Services**  
**DEPARTMENT FOR PUBLIC HEALTH,**  
**PUBLIC HEALTH PROTECTION & SAFETY**  
**MILK SAFETY BRANCH**  
 275 EAST MAIN, HS1C-B  
 FRANKFORT, KENTUCKY 40621-0001  
 (502) 564-3340  
 (502) 564-8787 FAX  
 HTTP://CHFS.KY.GOV/

**Andy Beshear**  
Governor

**Eric C. Friedlander**  
Secretary

**Steven J. Stack**  
**MD, MBA, FACEP**  
Commissioner

**APPLICATION FOR REINSTATEMENT OF PERMIT**

Permit Number: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby make application for reinstatement of my permit. The violation(s), which result in my permit being suspended, have been corrected. Please circle one below:

FARM INSPECTION	TEMPERATURE	BACTERIA
EXCESSIVE WATER	SEDIMENT	WATER SUPPLY
SOMATIC CELL	ALFATOXINS	ANTIBIOTICS 1 <sup>ST</sup> OFFENCE
ANTIBIOTICS 2 <sup>ND</sup> OFFENCE	ANTIBIOTICS 3 <sup>RD</sup> OFFENCE	OTHER

Therefore, I request an inspection of my facilities, and/or sample be collected to determine if present requirements are being met.

**Date and Times bulk milk tank will be empty for inspection:** \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

**Application must be signed and returned to the Milk Safety Branch before permit will be reinstated. Mail or fax application to:**

Milk Safety Branch  
 Health Services Bldg, HSICB  
 275 East Main St  
 Frankfort KY 40621

Faxe Number: 502- 564- 8787

